



IPW

Attorney Docket No. 62941.002015
(previously 64243.000015)
Attorney Customer No. 27682

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re US Patent Application of:)	
)	
Phillip C. GRAVES et al.)	
)	
Application No.: 10/655,828)	Group Art Unit: 3624
)	
Filing Date: September 5, 2003)	Examiner: N. Subramanian
)	
Title: SYSTEM AND METHOD FOR)	
SECURELY AUTHORIZING)	
AND DISTRIBUTING STORED-)	
VALUE CARD DATA)	

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

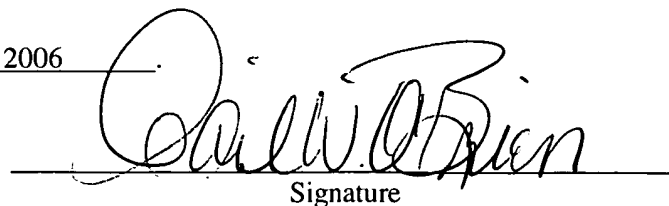
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First-Class Mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on August 25, 2006
Date


Signature

Gail W. O'Brien

Typed or printed name of person signing Certificate

Attorney Docket No. 62941.002015
(previously 64243.000015)
Attorney Customer No. 27682

Documents being submitted with this Certificate of Mailing under 1.8 are:

- Amendment/Response to the Office Action dated April 25, 2006;
- Response Transmittal Letter;
- One-Month Extension of Time;
- Check No. 488702 in the amount of \$60.00 for the EOT; and
- Self-addressed stamped return postcard.

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RESPONSE TRANSMITTAL LETTER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is an Amendment in response to the Official Action mailed April 25, 2006 in connection with the above-identified patent application.

- ☒ [X] A petition for a One-Month Extension of Time is also enclosed.
- ☐ [] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.
- ☒ [X] No additional claim fee is required.
- ☐ [] An additional claim fee is required, and is calculated as shown below:

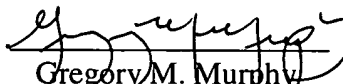
CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	30	Minus 71 =	0	x \$50.00 =	0
Independent Claims	3	Minus 5 =	0	x \$200.00 =	0.00
If Amendment adds multiple dependent claims, add \$360.00					0.00
Total Amendment Fee					0.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					0.00
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$ 0.00

- ☐ Charge \$____.00 to Deposit Account No. 08-3436 for the fee due.
- ☒ Check No. 488702 in the amount of \$60.00 is enclosed for the one-month Extension of Time fee due.
- ☒ A Mail Certificate Under 37 C.F.R. §1.8.
- ☒ Self-addressed stamped postcard.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §1.16, 1.17 and 1.21 that may be required by this paper to Deposit Account No. 08-3436.

Date: August 25, 2006

Respectfully submitted,

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By: 
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